

MARGIN RESERVED FOR RECORDING
WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of Hayden
Town of Hayden
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 204
County Registrar No. _____
Local Registrar No. 56

2. Full name of child Juhaina Gonzales
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth June 28 1925
Month Day Year

8. FATHER
Full name Juan Gonzales
9. Residence Hayden
(Usual place of abode)
If non-resident, give place and state. Arizona
10. Color or race Mexican
11. Age at last birthday 45 (Years)

14. MOTHER
Full maiden name Evelyn Arias
15. Residence Hayden
(Usual place of abode)
If non-resident, give place and state. Arizona
16. Color or race Mexican
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Pueblo
(State or country) Jalisco Mexico
13. Occupation laborer
Nature of industry mill

18. Birthplace (city or place) Gonzales
(State or country) Coahuila Mexico
19. Occupation housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 a.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Smith M.D. (Physician or midwife)
Address Hayden Arizona

Given name added from a supplemental report _____
Month, day, year _____

Filed June 30, 1925 W.D. Graham
Local Registrar.

Filed _____, 19____
County Registrar.

Registrar

172 - 622 - 512